

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012944

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

316

Primary Registration District No.

3059

Registrar's No.

126

STATE FILE NUMBER

VS 300
Rev. 4/59

10941

24011

3

4 0

5 1

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7 2

8 2

9443X

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11

12 86-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)

Bonne Terre

Length of stay in 1b

4 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

Bonne Terre Rest Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY

OR

Brentwood

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

8829 Powell Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

LAWRENCE

NMI

SIMMONS, SR.

4. DATE OF DEATH

Month

March

Day

25

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-10-1883

9. AGE (last birthday)

79

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Farmer

10b. KIND OF BUSINESS OR INDUSTRY

own account

11. BIRTHPLACE (City and state or country)

Austria

12. CITIZEN OF WHAT COUNTRY

Austria

13a. FATHER'S NAME

Unknown Simmons

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Katherine Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Edward J Hodapp,

Address

above

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypertensive and arteriosclerotic heart disease.

INTERVAL BETWEEN ONSET AND DEATH

??

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK

☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Feb. 12, 1963

to Mar. 25, 1963

last saw him alive on Mar. 25, 1963

Death occurred at

7:00 pm

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Bonne Terre, Missouri

22c. DATE SIGNED

3/28/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-28-63

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

23d. LOCATION (City, town, or county)

St Louis Co., Mo.

24. FUNERAL DIRECTOR

ADDRESS

JAY B. SMITH, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG.

Mar. 28, 1963

26. REGISTRAR'S SIGNATURE

Ether R. Ruff

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 1-0 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Melvin Bartine

Licensed Embalmer No.

4903

P. O. Address

St Louis 17

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.